

STRIKER EVALUATION

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m)].

Fill out this form if you are applying for food stamps and someone in your household is on strike. "Household" means you and the people who live with you. Attach separate sheets if necessary.

OFFICE USE ONLY

Case Name	Case Number
-----------	-------------

1. Your Name	2. Your Social Security Number		
3. Your Address	City	State	Zip Code
4. Name of Person on Strike	5. Striker's Social Security Number		
6. Date Strike Began	7. Name of Company being Struck		

8. List the names of everyone who was in your household on the day before the strike began		
a.	d.	g.
b.	e.	h.
c.	f.	i.

9. List the earnings which the striker would have received if the strike had not occurred. Use the previous month's paycheck to determine this. Show each paycheck separately. Show gross amounts and the date received.					
a.	<u>Amount</u>	<u>Date</u>	d.	<u>Amount</u>	<u>Date</u>
b.			e.		
c.			f.		

10. List the household's gross income for the month the strike began, other than earnings shown in Item 9. Include Social Security payments, W-2 payments, Veteran's benefits, Unemployment Insurance, Child Support received, earnings of a person other than the striker, etc.				
\$	<u>Amount</u>	<u>Type of Income</u>	<u>Date</u>	<u>Person</u>
\$				
\$				
\$				
\$				

11. Total vehicles owned by your household on the day before the strike began. List the type, year, make, and model for each. Types of vehicle include: automobiles, motorcycles, snowmobiles, boats, etc.	
a.	c.
b.	d.

OVER

12. List the amount and type of all the assets your household had on the day before the strike began. Types of assets include cash on hand, savings and/or checking accounts, credit union accounts, savings bonds, property other than your home, etc.

<u>Amount</u>	<u>Type of Asset</u>	<u>Amount</u>	<u>Type of Asset</u>
a. \$		c. \$	
b. \$		d. \$	

13. List the total amount your household paid for child or dependent care services the month the strike began. List only what you paid someone so you could work or look for work.

\$

14. List the amount your household paid for utilities and housing the month in which the strike began.

Rent \$	Gas \$	Water \$
Mortgage \$	Fuel Oil \$	Telephone \$
Electricity \$	Other Fuel \$	Other \$

15. Is anyone listed in Item 8 one of the following (please check ☐):

- | | |
|--|--|
| • Sixty years of age or older | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Disabled Child of a Veteran | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Veteran with service connected disability | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Disabled surviving spouse of a veteran | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Disabled or blind and receiving Social Security Disability | <input type="checkbox"/> Yes <input type="checkbox"/> No |

16. If you answered "yes" to Item 15, list the amount and type of that person's medical expenses for the month the strike began.

<u>Amount</u>	<u>Type</u>	<u>Amount</u>	<u>Type</u>
a. \$		c. \$	
b. \$		d. \$	

17. MY SIGNATURE SHOWS THAT THE ANSWERS ON THIS FORM ARE CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature	Date Signed
-----------	-------------

OFFICE USE ONLY

Eligible Before Strike <input type="checkbox"/> Yes <input type="checkbox"/> No	Gross Monthly Earnings of Striker before Strike \$
Agency Representative Name (please print)	Date